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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL  
For FY 2006 Applicant claims small entity status. See 37 CFR 1.26O P E  
MAR 19 2007  
U.S. PATENT & TRADEMARK OFFICE

TOTAL AMOUNT OF PAYMENT: \$455

Complete if Known

Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit10/718,841  
November 21, 2003  
Jack FIFE, Brian SMITH and  
Garvin WEBER  
Frankie L. Stinson  
3753

Attorney Docket No.

THOLAM P217US

METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                      | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (4) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                  |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                   |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                   |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                  |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                    |                |

## 2. EXCESS CLAIM FEES

Fee Description  Small Entity Fee (\$)Each claim over 20 (including Reissues)  50  25Each independent claim over 3 (including Reissues)  200  100Multiple dependent claims  360  180Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$)  Multiple Dependent Claims Fee (\$)  
Fee Paid (\$)Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$)  Fee (\$)  
Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

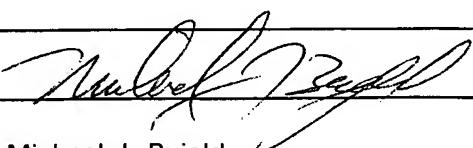
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

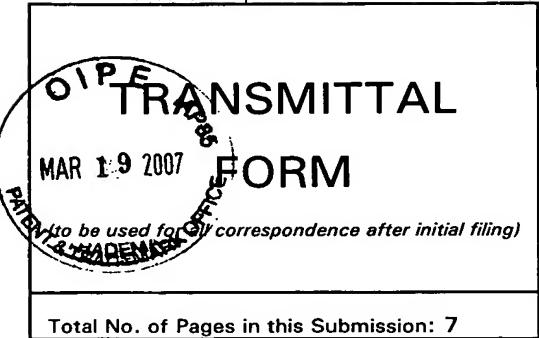
Total Sheets -100 = Extra Sheets / 50 = No. of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)

## 4. OTHER FEE(S)

Non-English Specification,  \$130 fee (no small entity discount)  Fees Paid (\$)Other (e.g., late filing surcharge): Request for Continued Examination  \$395.00  
Petition for One Month Extension of Time  \$ 60.00

## SUBMITTED BY

|                   |   |   |
|-------------------|---|---|
| Signature         |  | Telephone (603) 226-7490                                  |
| Name (Print/Type) | Michael J. Bujold   | Registration No. (Atty/Agent) 32,018 Date: March 13, 2007 |

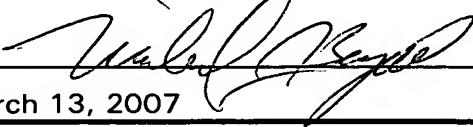
|  |  |  |   |
|--|--|--|---|
|  |  | Application Number                       | 10/718,841                              |
|  |  | Filing Date                              | November 21, 2003                       |
|  |  | First Named Inventor                     | Jack FIFE, Brian SMITH and Garvin WEBER |
|  |  | Group Art Unit                           | 3753                                    |
|  |  | Examiner Name                            | Frankie L. Stinson                      |
|  |  | Total No. of Pages in this Submission: 7 | Attorney Docket Number                  |

## ENCLOSURES (check all that apply)

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee attached<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request (in Duplicate)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Part/s Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)<br><input type="checkbox"/> To Convert a Provisional Petition<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br>Postcard<br>Request for Continued Exam - 1 pg. |
|---|---|--|

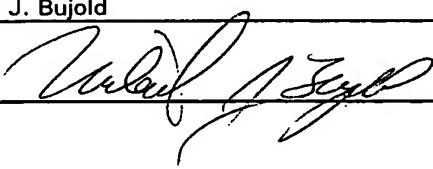
## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |  |
|-------------------------|---|--|
| Firm or Individual Name | Michael J. Bujold<br>DAVIS BUJOLD & DANIELS, P.L.L.C.                               | Reg. No. 32,018<br>CUSTOMER NO. 020210 |
| Signature               |  |  |
| Date                    | March 13, 2007  |  |

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 13, 2007.

|                            |   |
|----------------------------|---|
| Type or printed name       | Michael J. Bujold   |
| Signature                  |  |
| Date: March 13, 2007 (nay) |   |